

PTO/SB/31 (08-03)

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on _____		In re Application of <b>HOPEMAN ET AL</b>	
Signature _____		Application Number <b>09/403,092</b>	Filed <b>October 15, 1999</b>
Typed or printed name _____		For <b>DICTYOCALUS VIVIPARUS.....</b>	
		Art Unit <b>1645</b>	Examiner <b>R. Zern</b>
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ <b>330.00</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
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<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <b>02-2334</b> . I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		<i>Mark W. Milstead</i>	
<input type="checkbox"/> applicant/inventor.		<i>h. William Pro</i>	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Signature	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <b>45,825</b>		<b>Mark W. Milstead</b> Typed or printed name	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____		<b>302 934 4395</b> Telephone number	
		<b>January 15, 2004</b> Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <b>1</b> forms are submitted.			

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